

## TCAP-ALT INFORMATION SHEET

**To be completed for all students participating in the TCAP-ALT Assessment (PA and ASA).**  
Attach this form to the Portfolio of the students taking the TCAP-ALT PA. Teachers of students taking the TCAP-ALT ASA, give this form to your Special Education Supervisor by March 1.

School Level (check one):    ( ) Elementary        ( ) Middle        ( ) High

School  
System \_\_\_\_\_

School Name and  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Teacher's  
Name \_\_\_\_\_

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Student Name:  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

Age \_\_\_\_\_ Assigned Grade Level \_\_\_\_\_  
Gender \_\_\_\_\_ Race \_\_\_\_\_

TCAP-ALT Participation Guidelines      ASA \_\_\_\_\_      PA \_\_\_\_\_

**IEP Meeting Date** \_\_\_\_\_

**One IEP-Team Member's Name** \_\_\_\_\_

**Note to Special Education Supervisors:**

All information of the students who qualify for participation in the TCAP-ALT Assessment must be entered into the computer regardless of the assessment. (TCAP-ALT PA, TCAP-ALT ASA, or Medical Exempt)

All information needs to be complete. The information requested in bold **must** be completed.